

The following amendments are made to the Fee Schedule of September 1, 2001 adopted by the State Board of Workers' Compensation and are to become effective April 1, 2003.

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**SECTION VI;        ANESTHESIA SERVICES**

**SUBSECTION A:    PAYMENT GROUND RULES FOR ANESTHESIA SERVICES**

**General Guidelines**

Anesthesia care may include, but is not limited to, general, regional, or monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the injured employee the anesthesia care deemed optimal by the anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) during any procedure. Modifier QZ should be listed when the procedure is provided by the CRNA.

Where the term anesthesiologist appears in this section it should read anesthesiologist or CRNA.

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**SUBSECTION B:    PAYMENT MODIFIERS FOR ANESTHESIA SERVICES**

**-QZ    Anesthesia by CRNA. Regional or general anesthesia provided by the CRNA may be reported by adding the modifier QZ.**

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**SECTION XII:       HOME CARE SERVICES**

When care is provided for less than four hours, allowed rate will be \$110.00 per visit. Registered Nurse; \$90.00 per visit Licensed Practical Nurse and \$56.00 per visit Certified Nurse Assistant or Personal Care Attendant. When four hours or more of care is provided, hourly rates, based upon the above licensure, will apply. Domestic services (i.e. lawn mowing services, home cleaning, etc.) are not included in this payment system.

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**SECTION IV: GENERAL REIMBURSEMENT REQUIREMENTS**

The following costs for copying medical records under a workers' compensation claim shall be as follows: See O.C.G.A. § 31-33-3.

Administrative Costs (e.g., search, retrieval and other labor costs)	Up to \$21.90 per record
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A charge for certifying the copies of the patient's record	Up to \$8.21 per record
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Cost of Postage	Actual Cost
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**Copying charges per page:**

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|--------------------------------------|----------------------|
| • First 20 pages of patient's record | Up to \$.82 per page |
| • Pages 21 through 100 of record     | Up to \$.71 per page |
| • Each page over 100 pages           | Up to \$.50 per page |

Reproduction of non-paper forms of records (e.g., radiology films, fetal monitoring strips, etc.)	Full reasonable costs
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**SUBSECTION A: PAYMENT GROUND RULES FOR PHYSICAL MEDICINE SERVICES.**

No more than four physical medicine procedures, modalities or time units will be reimbursed in one visit by each type of medical provider. No more than two of the four CPT code charges can be modality codes (CPT 97010-97039). The only exceptions to this are: 1) if injured employee is diagnosed as "catastrophic", 2) CPT codes 97545 and 97750; 3) fitting and training for custom made orthotics/prosthetics; and 4) by mutual agreement of the all parties.

